

GRIEVANCE INITIATION

DER FILE NUMBER

INSTRUCTIONS:

Complete this form by hand (use black ink only) or on a typewriter. Give the original and one copy to your immediate supervisor. Send one copy to the Department of Employee Relations – Labor Relations Division, 200 E. Wells Street – Room 701, Milwaukee, WI 53202-3554. Keep one copy of your records. If you have any questions call your union representative.

Employee's Name:			
Home Address:			
Department or Bureau:			
Job Title:			
1. What is the action or situation about which you have a grievance? <i>Be specific as to names and locations.</i>			
2. On what date did the above action or situation occur?			
3. What provision of the labor contract between the City and your union has been violated? <i>Specify contract, article and subsection.</i>			
4. Which union represents you?			
5. What do you think should be done about it?			
6. When was the grievance discussed with your immediate supervisor?			
Immediate Supervisor's Name:		Immediate Supervisor's Job Title:	
7. What other person do you want notified regarding this grievance?			
Name:			
Mailing Address:		That person's role in this grievance:	
Employee's Signature:			Date: